

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

4415679463
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
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42						
43						
44		1				
45				1		
46		1				
47			1			
48			1			
49				1		
50		1				
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	1					
52		1				
53	1					
54		1				
55	1					
56	1					
57		1				
58		1				
59	1					
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96						
97						
98						
99						
100						
TOTAL IND.	9					
TOTAL DEP.	7					
TOTAL CLAIMS	16					